
DO NOT COMPLETE UNTIL YOU READ THE INSTRUCTIONS AT END OF FORM

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF LAW
ENVIRONMENTAL ENFORCEMENT SECTION, A-901 UNIT
Revised 2006

PERSONAL HISTORY DISCLOSURE FORM

For owners, officers, directors, partners and key employees
of applicants for and holders of NJDEP solid waste
or hazardous waste licenses and certain of their lessors, and certain other individuals
listed on Business Concern Disclosure Statements or Second Level Business
Concern Disclosure Statements.

Print or type all data, except where signature is required.

**Name of the business concern holding or applying for a NJDEP license, or the lessor to such a
concern, in connection with which you are filing this form:**

If you are filing as an officer, director, key employee, or owner of
a second level business, please indicate the name of the business:

YOUR NAME AND MAILING ADDRESS:

DO NOT COMPLETE UNTIL YOU READ THE INSTRUCTIONS AT THE END OF THIS FORM

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PART I: PERSONAL IDENTIFYING DATA

1. **FULL NAME:** Last:_____ First:_____ Middle:

2. **DATE OF BIRTH:** Month:_____ Day:_____ Year:

3. **SOCIAL SECURITY NUMBER:**

4. **HOME ADDRESS:**

HOME IS: (Check One) ☐ owned ☐ rented

5. **TELEPHONE NO:** (Home) _____ (business) _____
(area code) (area code)

You must provide your number even if it is unlisted. (Please note if it is unlisted and we will endeavor to keep it confidential.)

6. **PHYSICAL ASPECTS:** Height:_____ Weight:

Age:_____ Sex:_____ Hair Color:_____ Eye Color: _____
Complexion: _____ Race (Note: This question is for identification purposes only): _____

Distinctive markings or characteristics: (e.g., tattoos) _____

—

7. **PLACE OF BIRTH:**
(Country) (City) (County) (State, Province, etc)

8. **CITIZEN OF:**

9. **NAMES OF PERSONS RESIDING WITH YOU:** (List all.) Use additional copies of this page, as necessary.

Name:_____ Date of Birth:_____ SS#:

Name:_____ Date of Birth:_____ SS#:

Name:_____ Date of Birth:_____ SS#:

Name:_____ Date of Birth:_____ SS#:

10. OTHER NAMES: List all names other than your present full legal name that you have ever used. Include any maiden names, nickname, previous married name, stage name, pseudonym, alias and any name you ever worked under or were educated under. If you have ever changed your name in a legal proceeding, give date, place and court, and your name before and after the change. Use additional copies of this page, as necessary.

Name:(Before): _____ (After): _____

Dates when used
From(year)to(Year): _____ Type
(e.g., Nickname): _____

Place: _____ Court: _____

Name:(Before): _____ (After): _____

Dates when used
From(year)to(Year): _____ Type
(e.g., Nickname): _____

Place: _____ Court: _____

Name:(Before): _____ (After): _____

Dates when used
From(year)to(Year): _____ Type
(e.g., Nickname): _____

Place: _____ Court: _____

Name:(Before): _____ (After): _____

Dates when used
From(year)to(Year): _____ Type
(e.g., Nickname): _____

Place: _____ Court: _____

Name:(Before): _____ (After): _____

Dates when used
From(year)to(Year): _____ Type
(e.g., Nickname): _____

Place: _____ Court: _____

11. DRIVER'S LICENSE: Use additional copies of this page, as necessary.

A. PASSENGER DRIVER'S LICENSE NUMBER(S):

Number: _____ State: _____ Expiration Date: _____

Number: _____ State: _____ Exp. Date: _____

B. ARTICULATED DRIVER'S LICENSE(S):

Number: _____ State: _____ Exp. Date: _____

Number: _____ State: _____ Exp. Date: _____

C. COMMERCIAL DRIVER'S LICENSE NUMBER(S):

Number: _____ State: _____ Exp. Date: _____

Number: _____ State: _____ Exp. Date: _____

12. PHOTOGRAPH: Holders of 10% or more of the **applicant's** equity; officers of the **applicant** disclosed in the **applicant's** business concern disclosure statement; partners (if holding 10% or more of the **applicant's** equity); and key employees of the **applicant**, must attach a recent clear photograph of themselves below or on a separate page. (Local police departments which handle fingerprinting are usually equipped to take acceptable photographs, but any clear, recent photograph is acceptable). Please note that equity holders, partners, officers, and key employees of second-level companies are **not** required to attach photographs.



Place Photo Here

PART II: MARRIAGE/FAMILY

13. MARITAL STATUS: []Single []Married []Divorced []Separated []Widowed

14. SPOUSE:

Spouse's Maiden Name: _____

Date of Birth: _____ Social Security No.: _____

Date of Marriage: _____ Place of Marriage: _____

Spouse's Occupation: _____

Spouse's Employer: _____

(Name & address)

15. PREVIOUS MARRIAGES: Use additional copies of this page, as necessary.

Spouse's Maiden Name: _____ Date of Birth: _____ Place of Birth: _____

Date of Marriage: _____ Place of Marriage: _____ Date of Divorce, Separation or Death of Spouse: _____
(indicate which)

Last known address: _____

Telephone No.: _____

Spouse's Maiden Name: _____ Date of Birth: _____ Place of Birth: _____

Date of Marriage: _____ Place of Marriage: _____ Date of Divorce, Separation or Death of Spouse: _____
(indicate which)

Last known address: _____

Telephone No.: _____

16. CHILDREN: List all children, including adopted and stepchildren. Use additional copies of this page, as necessary.

Name: _____ Sex: _____ Date of Birth: _____

Place of Birth: _____ Occupation (If deceased, give date): _____

Address: _____

Name: _____ Sex: _____ Date of Birth: _____

Place of Birth: _____ Occupation (If deceased, give date): _____

Address: _____

Name: _____ Sex: _____ Date of Birth: _____

Place of Birth: _____ Occupation (If deceased, give date): _____

Address: _____

Name: _____ Sex: _____ Date of Birth: _____

Place of Birth: _____ Occupation (If deceased, give date): _____

Address: _____

17. PARENTS AND SPOUSE'S PARENTS: Use additional copies of this page, as necessary.

Mother:

Name: _____	Address: _____	
Date of Birth: _____	Place of Birth: _____	If deceased, give date: _____

Father:

Name:

Address:

Date of
Birth:Place of
Birth:If deceased, give
date: _____

 —
Mother-in-law:

Name:

Address:

Date of
Birth:Place of
Birth:If deceased, give
date: _____

 —
Father-in-law

Name:

Address:

Date of
Birth:Place of
Birth:If deceased, give
date: _____

 —

18. BROTHERS AND SISTERS: List all brothers and sisters, including adopted, step-, and half brothers and sisters. Use additional copies of this page, as necessary.

Name: _____ Address: _____

Date of Birth: _____

Name: _____ Address: _____

Date of Birth: _____

Name: _____ Address: _____

Date of Birth: _____

19. RELATIVES IN THE SOLID WASTE INDUSTRY: List all relatives employed or associated with companies involved in the management of solid waste or hazardous waste in New Jersey or any other state. Use additional copies of this page, as necessary.

Name: _____ Relationship: _____ Date of Birth: _____

Name and Address
of _____ Company: _____ Position held by _____ Your _____ Relative: _____

Name: _____ Relationship: _____ Date of Birth: _____

Name and Address
of _____ Company: _____ Position held by _____ Your _____ Relative: _____

Name: _____ Relationship: _____ Date of Birth: _____

Name and Address
of _____ Company: _____ Position held by _____ Your _____ Relative: _____

Name: _____ Relationship: _____ Date of Birth: _____

Name and Address
of _____ Company: _____ Position held by _____ Your _____ Relative: _____

Name: _____ Relationship: _____ Date of Birth: _____

Name and Address
of _____ Company: _____ Position held by _____ Your _____ Relative: _____

PART III: RESIDENCE HISTORY:

20. RESIDENCE: Beginning with your present residence and going backward, list every place in which you have resided for the past 20 years. Include vacation or seasonal residences and second homes. "Vacation or seasonal residence" means a residence other than primary residence which you owned or occupied more than one calendar year. For example, a summer cottage you returned to every year for five years. Use additional copies of this page, as necessary.

Address: _____ From _____ To _____
 Month/Year ____/____ Month/Year ____/____

[] Owned [] Rented If rented, Name and
 Address of Landlord: _____

Address: _____ From _____ To _____
 Month/Year ____/____ Month/Year ____/____

[] Owned [] Rented If rented, Name and
 Address of Landlord: _____

Address: _____ From _____ To _____
 Month/Year ____/____ Month/Year ____/____

[] Owned [] Rented If rented, Name and
 Address of Landlord: _____

Address: _____ From _____ To _____
 Month/Year ____/____ Month/Year ____/____

[] Owned [] Rented If rented, Name and
 Address of Landlord: _____

Address: _____ From _____ To _____
 Month/Year ____/____ Month/Year ____/____

[] Owned [] Rented If rented, Name and
 Address of Landlord: _____

PART IV: EDUCATION/OCCUPATION HISTORY

21. EDUCATION: Beginning with the most recent, list all schools back to and including high school. Include trade and technical schools. Use additional copies of this page, as necessary.

Name of School: _____ Address _____
City/State: _____

Date Graduated or Withdrew: _____ Degree & Major: _____
(indicate which)

Name of School: _____ Address _____
City/State: _____

Date Graduated or Withdrew: _____ Degree & Major: _____
(indicate which)

Name of School: _____ Address _____
City/State: _____

Date Graduated or Withdrew: _____ Degree & Major: _____
(indicate which)

Name of School: _____ Address _____
City/State: _____

Date Graduated or Withdrew: _____ Degree & Major: _____
(indicate which)

22. MILITARY SERVICE: Have you ever served in the military service of the United States or any foreign country? ☐ Yes ☐ No (If yes, complete this question. Otherwise, go to Question 22.)

If foreign country, indicate country. If National Guard, indicate state. _____

Branch of Service: _____

Date of Service From: _____ To: _____

Serial Number: _____

Rank at Discharge: _____

Type of Discharge: _____

Attach Copy of DD Form 214. Attached? ☐ Yes ☐ No

23. Describe here your experience and credentials, if any, in the brokerage, collection, transfer, transportation, treatment, storage, disposal, or recycling of solid waste or hazardous waste. You may answer or supplement your response to this question by the inclusion of resumes, lists of professional publications and achievements, and/or cross reference to information disclosed elsewhere on a separate form. Use additional copies of this page, as necessary.

[illegible]

PART V: EMPLOYMENT HISTORY

a. PRESENT EMPLOYER: _____

Type of Business or Organization: _____ Your Title or Position: _____

Date of Employment: _____

Employer's Name and Address:

Dates Employed	Position
----------------	----------

Mo/Yr to Mo/Yr: _____ / _____ Held: _____
Name of Supervisor: _____ Reason for Leaving: _____

Employer's Name and Address: _____

Dates Employed Mo/Yr to Mo/Yr: _____ / _____ Position Held: _____

Name of Supervisor: _____ Reason for Leaving: _____

Employer's Name and Address: _____

Dates Employed Mo/Yr to Mo/Yr: _____ / _____ Position Held: _____

Name of Supervisor: _____ Reason for Leaving: _____

b. PREVIOUS EMPLOYMENT: (cont'd)

Employer's Name and

Address: _____

Dates Employed

Mo/Yr to Mo/Yr: _____ / _____

Position

Held: _____

Reason for

Name of Supervisor: _____

Leaving: _____

Employer's Name and

Address: _____

Dates Employed

Mo/Yr to Mo/Yr: _____ / _____

Position

Held: _____

Reason for

Name of Supervisor: _____

Leaving: _____

Employer's Name and

Address: _____

Dates Employed

Mo/Yr to Mo/Yr: _____ / _____

Position

Held: _____

Reason for

Name of Supervisor: _____

Leaving: _____

Employer's Name and

Address: _____

Dates Employed

Mo/Yr to Mo/Yr: _____ / _____

Position

Held: _____

Reason for

Name of Supervisor: _____

Leaving: _____

Employer's Name and

Address: _____

Dates Employed

Mo/Yr to Mo/Yr: _____ / _____

Position

Held: _____

Reason for

Name of Supervisor: _____

Leaving: _____

PART VI: BUSINESS INTERESTS:

25. EQUITY INTERESTS: List the following as to any business concern in which you own or control more than 10% of the outstanding equity. Include equity jointly held with any family member. This question pertains to all business concerns and is not limited in scope to waste-related business concerns. Use additional copies of this page, as necessary.

As used in this section, "business concern" means any form of business organization, including sole proprietorships, partnerships, limited partnerships, corporations, joint ventures, trusts and associations. "Equity" means any ownership interest in a business, including partners' shares and stock of a corporation. If stock, state whether shares are voting or non-voting.

Name of Company: _____ FEID Number: _____

 Business Address: _____ Telephone No. _____
 _____ (area code) _____

Date Equity Obtained: _____ Type of Equity: _____ % of Total Equity: _____

Name of Company: _____ Number: _____

 Business Address: _____ Telephone No. _____
 _____ (area code) _____

Date Equity Obtained: _____ Type of Equity: _____ % of Total Equity: _____

Name of Company: _____ Number: _____

 Business Address: _____ Telephone No. _____
 _____ (area code) _____

Date Equity Obtained: _____ Type of Equity: _____ % of Total Equity: _____

Name of Company: _____ Number: _____

 Business Address: _____ Telephone No. _____

(area code)

Date Equity Type of % of Total
Obtained: _____ Equity: _____ Equity:

Name of Company: _____ Number: _____

Business Address: _____ Telephone No. _____

(area code)

Date Equity Obtained: _____ Type of Equity: _____ % of Total Equity: _____

26. MANAGEMENT POSITIONS: List the following information as to any business concerns in which you participate as an owner, partner, officer, director, key employee, or a paid or unpaid consultant. Use additional copies of this page, as necessary.

Name of Company: _____ FEID Number: _____

Business Address: _____ Telephone No.: _____

(area code)

Position: _____ Date Hired: _____

Name of Company: _____ FEID Number: _____

Business Address: _____ Telephone No.: _____

(area code)

Position: _____ Date Hired: _____

Name of Company: _____ FEID Number: _____

Business Address: _____ Telephone No.: _____

(area code)

Position: _____ Date Hired: _____

Name of Company: _____ FEID Number: _____

Business Address: _____ Telephone
 No.: _____
 (area code)

Position: _____ Date Hired:

27. BUSINESS INTERESTS IN FAMILY MEMBERS' NAMES: List the following information as to any interest in a business concern in which you participate in any way, in which the interest is in the name of a member of your family (spouse, parents, children, brothers, sisters, grandparents, nieces, nephews, cousins). Use additional copies of this page, as necessary.

Name of Company: _____ Federal
 I.D. Number: _____

Business Address: _____ Telephone No.: _____
 (area code)

Nature & Dates of Your Participation: _____ Name of Family Member
 Holding Interest & Type: _____

Name of Company: _____ Federal
 I.D. Number: _____

Business Address: _____ Telephone No.: _____
 (area code)

Nature & Dates of Your Participation: _____ Name of Family Member
 Holding Interest & Type: _____

Name of Company: _____ Federal
 I.D. Number: _____

Business Address: _____ Telephone No.: _____
 (area code)

Nature & Dates of Your Participation: _____ Name of Family Member
 Holding Interest & Type: _____

Name of Company: _____ Federal
 I.D. Number: _____

Business Address: _____ Telephone No.: _____

Nature & Dates of
Your Participation: _____

Name of Family Member
Holding Interest & Type: _____

(area code)

28. PAST BUSINESS INTERESTS IN SOLID WASTE/HAZARDOUS WASTE

COMPANIES: List the following information as to any business concern in which, in the last ten years, you have held any interest, participated in management, or were employed, and which engaged in the business of solid waste or hazardous waste collection, transportation, treatment, storage, disposal, or transfer or recycling during the period of your ownership or participation.

Name of Company: _____ Telephone No.: _____

(area code)

Business Address: _____

Type of Business: _____ Nature & Dates of
Your Participation: _____

Name of Company: _____ Telephone No.: _____

(area code)

Business Address: _____

Type of Business: _____ Nature & Dates of
Your Participation: _____

PART VII: OTHER BUSINESS INTERESTS:

29. REAL ESTATE HOLDINGS: List all real estate used in any solid or hazardous waste business, which is owned or controlled by you, including real estate jointly held with any other person or held in the name of a member of your family, trust, or business concern you control.

Address/Location of Real Estate: _____ Block and Lot No.: _____

Description and Use of _____ Property: _____

Mortgage Holder: _____ Property in Name of: _____

Address/Location of Real Estate: _____ Block and Lot No.: _____

Description and Use

of _____ Property:

Mortgage Holder: _____ Property in Name of: _____

Address/Location of Real Estate: _____ Block and Lot No.: _____

Description and Use of _____ Property:

Mortgage Holder: _____ Property in Name of: _____

Address/Location of Real Estate: _____ Block and Lot No.: _____

Description and Use of _____ Property:

Mortgage Holder: _____ Property in Name of: _____

Address/Location of Real Estate: _____ Block and Lot No.: _____

Description and Use of _____ Property:

Mortgage Holder: _____ Property in Name of: _____

30. DEBTS OWED: List the following information as to any debt greater than \$5,000 which you owe to any person or business concern. Include stockholder loans and loans to a company you own or control. You do not need to list personal mortgage or car loans owed to a financial institution.

Creditor: _____ Type of _____ Debt:

Date Debt Created: _____ Initial Amount: _____ Present Balance:

Creditor: _____ Type of _____ Debt:

Date Debt Created: _____ Initial Amount: _____ Present Balance: _____

31. DEBTS HELD: List the following information as to any debt greater than \$5,000 which is owed to you. Include stockholder loans and loans to a company you control.

Creditor: _____ Type of Debt: _____

Date Debt Created: _____ Initial Amount: _____ Present Balance: _____

Creditor: _____ Type of Debt: _____

Date Debt Created: _____ Initial Amount: _____ Present Balance: _____

Creditor: _____ Type of Debt: _____

Date Debt Created: _____ Initial Amount: _____ Present Balance: _____

32. TAX OBLIGATIONS: Are all payments required to be made by you current? [] Yes [] No
If no, describe delinquent payments.

33. TAX LIENS: Are you or is any property owned by you currently subject to a state or federal lien for nonpayment of taxes? ☐ Yes ☐ No

Have you or any property you own been subject to a state or federal lien for nonpayment at any time in the past 10 years?

☐ Yes ☐ No If yes to either question, describe liens.

34. BANKRUPTCY: Have you filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition within the last 10 years?

☐ Yes ☐ No If yes, set forth the following information.

Date	of	Petition:	_____	Where	Filed:

Court:	_____			Disposition:	

Date	of	Petition:	_____	Where	Filed:

Court:	_____			Disposition:	

Date	of	Petition:	_____	Where	Filed:

Court:	_____			Disposition:	

Date of Petition: _____

Where Filed:

Court: _____

Disposition:

35. FINANCIAL DISCLOSURE STATEMENTS: In the last five years, have you filed or provided a financial disclosure statement (for example, in connection with a public job appointment, or for a mortgage application)? ☐ Yes ☐ No If yes, set forth the following information.

Date Statement Filed:	Organization	Filed	With:
_____	_____		

Reason for giving	Statement:

Date Statement Filed:	Organization	Filed	With:
_____	_____		

Reason for giving	Statement:

Date Statement Filed:	Organization	Filed	With:
_____	_____		

Reason for giving	Statement:

SECTION VIII: LICENSES AND VIOLATION NOTICES:

36. PROFESSIONAL LICENSES: List any professional licenses held by you personally (e.g., Attorney, CPA, Architect, Professional Engineer, Articulated Driver's License, Commercial Driver's License, etc.).

Type of License: _____ Licensing Authority (Agency, _____ Date State): _____ Issued: _____

Type of License: _____ Licensing Authority (Agency, _____ Date State): _____ Issued: _____

Type of License: _____ Licensing Authority (Agency, _____ Date State): _____ Issued: _____

Type of License: _____ Licensing Authority (Agency, _____ Date State): _____ Issued: _____

Type of License: _____ Licensing Authority (Agency, _____ Date State): _____ Issued: _____

37. SOLID AND HAZARDOUS WASTE LICENSES: List all licenses, registrations or permits held by you or any business concern owned or controlled by you for the operation of a solid waste or hazardous waste collection, transportation, treatment, storage, disposal, transfer or recycling business currently held, or held within the last ten years. (Include licenses from NJDEP, USEPA, the former NJBPU or NJPUC, and/or other states.) If listed in a Business Concern Disclosure Statement, you may answer by indicating a cross reference to that statement and question number.

Name Under Which _____ Held: _____ Location or Business _____ Address: _____

Type of License: _____ Issuing Agency: _____ Dates Held: _____ from: _____ License To: _____ No: _____

Name Under Which _____ Held: _____ Location or Business _____ Address: _____

Type of License: _____ Issuing Agency: _____ Dates Held: _____ from: _____ License To: _____ No: _____

 Name Under Which _____ Held: _____ Location or Business _____ Address: _____

Type of License: _____ Issuing Agency: _____ Dates Held: _____ License No: _____
 from: _____ To: _____

38. ENVIRONMENTAL VIOLATION NOTICES: List and explain any Notice of Violation, Notice of Prosecution, Administrative Orders and Actions, Citations of any kind and/or Notices of Intent to Deny or Revoke a License or Permit, or similar citation of any description issued to you within the last 10 years or to any company owned or controlled by you for the alleged violation of any law or regulation pertaining to protection of the environment. Penalty assessments of less than \$10,000 need not be listed. If the disposition was resolved through a settlement agreement or consent order, attach a copy of the same. If listed on a Business Concern Disclosure Statement, you may answer by cross-referencing to that statement and question number. Do not list citations for motor vehicle or littering offenses.

Name of Person/ Entity Cited: _____ Date Alleged Violation Issued: _____ Location of Alleged Violation: _____

Issuing Agency: _____ Disposition: _____

Name of Person/ Entity Cited: _____ Date Alleged Violation Issued: _____ Location of Alleged Violation: _____

Issuing Agency: _____ Disposition: _____

Name of Person/ Entity Cited: _____ Date Alleged Violation Issued: _____ Location of Alleged Violation: _____

Issuing Agency: _____ Disposition: _____

Name of Person/ Entity Cited: _____ Date Alleged Violation Issued: _____ Location of Alleged Violation: _____

Issuing Agency: _____ Disposition: _____

Name of Person/
Entity Cited: _____ Date Alleged
Violation Issued: _____ Location of
Alleged Violation: _____

Issuing
Agency: _____ Disposition: _____

39. PROFESSIONAL VIOLATION NOTICES: If you have been cited within the last 10 years for violations or disciplined by any board or authority having jurisdiction over any of the licenses indicated in your answer to question 36, provide the following information:

Nature of Alleged Violation: _____ Date Cited: _____
Citing
Agency: _____ Disposition: _____

Nature of Alleged Violation: _____ Date Cited: _____
Citing
Agency: _____ Disposition: _____

Nature of Alleged Violation: _____ Date Cited: _____
Citing
Agency: _____ Disposition: _____

Nature of Alleged Violation: _____ Date Cited: _____
Citing
Agency: _____ Disposition: _____

PART IX. CIVIL LITIGATION AND CRIMINAL PROCEEDINGS:

40. CIVIL SUITS: Have you been a plaintiff or defendant in any civil action, other than an action arising from an automobile accident or domestic relations (divorce or separation) proceeding, within the last 10 years? If yes, provide the following information:

Caption of Case: _____ Docket Number: _____

Name & Location of Court: _____ Nature of Suit/
Charge: _____

Date Filed: _____ Status or
Disposition: _____

Caption of Case: _____ Docket Number: _____

Name & Location of Court: _____ Nature of Suit/
Charge: _____

Date Filed: _____ Status or
Disposition: _____

Caption of Case: _____ Docket Number: _____

Name & Location of Court: _____ Nature of Suit/
Charge: _____

Date Filed: _____ Status or
Disposition: _____

Caption of Case: _____ Docket Number: _____

Name & Location of Court: _____ Nature of Suit/
Charge: _____

Date Filed: _____ Status or
Disposition: _____

41. ARRESTS: If you have ever been arrested in New Jersey or any other jurisdiction, list the following information (DO NOT list arrests unless they resulted in the filing of formal charges):

Description of Crime/Offense Charged:

Indictment Information, Complaint
etc., No.:

Jurisdiction Where
Charged:

Date
Charged:

Disposition (if applicable,
Sentence Imposed:

Description of Crime/Offense Charged:

Indictment Information, Complaint
etc., No.:

Jurisdiction Where
Charged:

Date
Charged:

Disposition (if applicable,
Sentence Imposed:

Description of Crime/Offense Charged:

Indictment Information, Complaint
etc., No.:

Jurisdiction Where
Charged:

Date
Charged:

Disposition (if applicable,
Sentence Imposed:

42. SUBPOENAS: If you have ever been subpoenaed to testify before any investigative body (for example, a grand jury or the State Commission of Investigation) in New Jersey or any other jurisdiction, list the following information:

Date
Subpoenaed:

 Reason for/description of testimony:

—

Agency issuing subpoena:

 Location (City & State):

Date
Subpoenaed:

 Reason for/description of testimony:

Agency issuing subpoena: _____ Location (City & State): _____

43. INDICTMENTS, CHARGES AND CONVICTIONS: List and explain any indictment, charge or conviction against you or against any business concern you owned or controlled, for any crime or lesser criminal offense committed in New Jersey or any other state, federal or foreign jurisdiction, other than a motor vehicle offense (violation of Title 39 of the Revised Statutes or equivalent motor vehicle offense in other jurisdictions) with the exception of driving while intoxicated (N.J.S.A. 39:4-50 or equivalent). "Lesser criminal offense" means a disorderly persons offense, a petty disorderly persons offense, and any other violation of a law, including a local ordinance, which is potentially punishable by imprisonment for any term up to 18 months.

List convictions first. Death by Auto or Vehicular Homicide is considered a criminal offense and must be listed. Driving While Intoxicated charges must also be listed.

Crime or Indictment, Information,
Offense: _____ or Charge No.: _____

Jurisdiction Where
Charged: _____ Date Charged: _____

Disposition (if convicted or pled
guilty, state sentence imposed): _____

Crime or Indictment, Information,
Offense: _____ or Charge No.: _____

Jurisdiction Where
Charged: _____ Date Charged: _____

Disposition (if convicted or pled
guilty, state sentence imposed): _____

Crime or Indictment, Information,
Offense: _____ or Charge No.: _____

Jurisdiction Where
Charged: _____ Date Charged: _____

Disposition (if convicted or pled
guilty, state sentence imposed): _____

Crime or Offense: _____ Indictment, Information, or Charge No.: _____

Jurisdiction Where
Charged: _____ Date Charged: _____

Disposition (if convicted or pled guilty, state sentence imposed): _____

44. EVIDENCE OF REHABILITATION: A conviction for any of the crimes listed in Appendix B may result in any business concern with which you are associated having its solid or hazardous waste license denied or revoked, unless you can demonstrate rehabilitation "by clear and convincing evidence". The business concern and the convicted person have the burden to present evidence of rehabilitation to the Department of Environmental Protection and the Attorney General. Some of the factors DEP will consider are set forth in Appendix C.

Under N.J.A.C. 7:26-16.11, an applicant or licensee has the option of avoiding disqualification by severing the employment or interest of the person who would otherwise cause disqualification. **DISCLOSING A CRIMINAL CONVICTION MAY RESULT IN YOUR EMPLOYER DISMISSING YOU**, even though the Department might find that you have been rehabilitated. **HOWEVER, YOU CANNOT FAIL TO DISCLOSE THE CONVICTION.** If you lie on this form, you can be criminally prosecuted.

The Department does not want to cause unnecessary firings, and will make reasonable attempts to resolve disqualification issues prior to formal hearings if requested by an employer. You may wish to discuss this with your employer.

IF YOU HAVE BEEN CONVICTED OR ACCUSED OF ANY OF THE CRIMES LISTED IN APPENDIX B, IT IS STRONGLY SUGGESTED YOU DISCUSS YOUR LEGAL RIGHTS WITH AN ATTORNEY, ESPECIALLY IF YOUR EMPLOYER IS NOT AWARE OF YOUR CRIMINAL RECORD.

45. EVIDENCE OF REHABILITATION:

[illegible]

-

-

-

-

PART X: MEMBERSHIPS AND PUBLIC OFFICES:

46. PUBLIC OFFICES: List any elected or appointed offices you hold or have held in any federal, state, county, municipal or intergovernmental body (other than those previously listed under Question 23 "Employment History").

Position: _____ Governmental
Body: _____

Address: _____

Dates in Office: _____

From: (Mo/Yr) _____ / _____ To: (Mo/Yr) _____ / _____ Elected or Appointed?

Position: _____ Governmental
Body: _____

Address: _____

Dates in Office: _____

From: (Mo/Yr) _____ / _____ To: (Mo/Yr) _____ / _____ Elected or Appointed?

Position: _____ Governmental
Body: _____

Address: _____

Dates in Office: _____

From: (Mo/Yr) _____ / _____ To: (Mo/Yr) _____ / _____ Elected or Appointed?

Position: _____ Governmental
Body: _____

Address: _____

Dates in Office:

From: (Mo/Yr) ____/____ To: (Mo/Yr) ____/____ Elected or Appointed?

47. WASTE INDUSTRY ORGANIZATIONS: List the following information as to any organization with any connection whatsoever to the solid waste or hazardous waste industries (or both) of which you have been a member or held office within the last 10 years. Include professional organizations, trade associations, etc.

Name of Organization: _____ Address of Chapter or Unit to Which you belonged: _____

Dates of Membership: From: (Mo/Yr) _____ / _____ To: (Mo/Yr) _____ / _____ (if any) _____ Offices & Dates Held: _____

Name of Organization: _____ Address of Chapter or Unit to Which you belonged: _____

Dates of Membership: From: (Mo/Yr) _____ / _____ To: (Mo/Yr) _____ / _____ (if any) _____ Offices & Dates Held: _____

Name of Organization: _____ Address of Chapter or Unit to Which you belonged: _____

Dates of Membership: From: (Mo/Yr) _____ / _____ To: (Mo/Yr) _____ / _____ (if any) _____ Offices & Dates Held: _____

48. PROFESSIONAL BOARDS: If you have been a member of any professional board or a formally constituted advisory committee in state government within the last 15 years, list the following information. Use additional copies of this page, as necessary.

Board or Committee: _____ Government Body: _____

Address: _____

Dates of Membership: From: (Mo/Yr) _____ To: (Mo/Yr) _____

Board or Committee: _____ Government Body: _____

Address: _____

Dates of Membership: From: (Mo/Yr) _____ To: (Mo/Yr) _____

49. LABOR UNIONS: List any labor unions in which you have been a member or held office within the last 10 years. (Use additional copies of this page, as necessary).

Union Name: _____ Local No.: _____

Dates of Membership:
From: (Mo/Yr) _____ To: (Mo/Yr) _____ Offices Held: (If
Any): _____

Union Name: _____ Local No.: _____

Dates of Membership:
From: (Mo/Yr) _____ To: (Mo/Yr) _____ Offices Held: (If
Any): _____

Union Name: _____ Local No.: _____

Dates of Membership:
From: (Mo/Yr) _____ To: (Mo/Yr) _____ Offices Held: (If
Any): _____

Union Name: _____ Local No.: _____

Dates of Membership:
From: (Mo/Yr) _____ To: (Mo/Yr) _____ Offices Held: (If
Any): _____

Union Name: _____ Local No.: _____

Dates of Membership:
From: (Mo/Yr) _____ To: (Mo/Yr) _____ Offices Held: (If
Any): _____

PART XI

CERTIFICATION

I, _____, do hereby certify that the information in this Personal History Disclosure Form is true and is provided in accordance with the instructional material accompanying the document. I have read the instructions, including the notice on Social Security Numbers, accompanying this Personal History Disclosure Form. I am aware that if any of the foregoing statements made by me is willfully false, I am subject to criminal prosecution. I further understand that fraudulent, deceptive or misleading answers may result in the denial of the business concern's application or revocation of the business concern's license, or my debarment from the solid and hazardous waste and recycling industries.

Dated: _____ Signature: _____

Type or Print Name

Type or Print Title/Position

State of New Jersey)
)
County of _____)

I certify that on the _____ day of _____, 200____, _____
(Name)

came before me in person and stated to my satisfaction that he/she:

- (A) made the attached instrument; and
- (B) executed this instrument as his/her own act.

(Notary public)
(Seal)

If form was prepared by a person other than the individual signing this certification, (e.g., an attorney, accountant, etc.), indicate that person's name, address, telephone number, relationship, and questions answered. **Note: even if this form was prepared by another, including a professional, you are responsible for the information provided.**

Name: _____ Telephone: _____

Address: _____

Title/Position: _____

Relationship: _____

Questions answered: _____

(Notary public)
(Seal)

APPENDIX A

State of New Jersey
Department of Law and Public Safety
Division of Law
Environmental Enforcement Section, A-901 Unit

PERSONAL HISTORY DISCLOSURE FORM

(For help with these forms, or to answer other questions related to the A-901 Program, feel free to contact us at the New Jersey Division of Law, Environmental Enforcement Section, A-901 Unit, Richard J. Hughes Justice Complex, P.O. Box 093, Trenton, NJ 08625, or call (609) 292-6018 or 6019.)

1. **WHO MUST COMPLETE THIS FORM:** Owners, officers, directors, partners, stockholders, and key employees listed in the primary-level Business Concern Disclosure Statement, Business Concern Disclosure Statements for Lessors, and Second Level Business Concern Disclosure Statements, must complete this form. The form is to be filed along with the Business Concern Disclosure Statement or Business Concern Disclosure Statements for Lessors.
2. **ALL QUESTIONS MUST BE ANSWERED.** Read every question carefully before answering it. Answer every question completely. Do not leave any blank spaces. Provide a response in each section. If an answer is "none", write "none". If the item is not applicable, write "not applicable" or "N/A", **with an explanation of why. Unanswered questions will result in the form being deemed incomplete and, therefore, returned for additional information.**
3. **ANSWER COMPLETELY AND TRUTHFULLY.** Failure to answer any question completely may result in the statement being returned for supplementation. However, you should not answer "Do Not Remember" or similar works simply because the information is not immediately at hand. You are expected to make reasonable efforts to check your records so that you can answer the questions completely. Failure to answer truthfully may result in a denial or revocation of a business concern's application or license.
4. **ADDITIONAL SPACE.** If you need additional space to answer a question, use copies of the appropriate pages. Insert additional pages immediately following the page on which the question you are answering initially appears. Be sure to indicate that your answer to the question is "continued on Page 12a of 20" (for example) and also be sure to mark the new number in the top right hand corner Page 12a of 20 (for example).
5. **TYPE OR PRINT YOUR ANSWER.** Type or print in legible block letter style. Handwritten forms will be returned if entries are illegible. This form is available in WordPerfect for Windows 6.1 format, by e-mail. Call (609) 292-6018 or 6019 to have the form e-mailed to you.
6. **FINGERPRINTS.**

IF YOU LIVE OR WORK IN NEW JERSEY:

New Jersey has changed from the traditional "ink and roll" method to the "Live Scan Method" for individuals who work or reside in New Jersey. After you have submitted your application, you will receive instructions from New Jersey State Police on the fingerprinting method.

OTHER STATES:

Individual equity holders, directors, officers or key employees who work and reside outside the State of New Jersey must submit fingerprint cards with this Personal History Disclosure. If you did not receive fingerprint cards with this form, you must request them from the A-901 Unit by calling 609-292-6018 or request online at www.state.nj.us/dep/dshw. Follow the instructions that accompany the fingerprint cards.

NOTE: SHOULD YOU HAVE QUESTIONS REGARDING THIS FORM, PLEASE CONTACT THE DIVISION OF LAW, ENVIRONMENTAL ENFORCEMENT SECTION, A-901 UNIT, AT (609) 292-6018 OR 6019.

WARNING

FRAUDULENT, DECEPTIVE OR MISLEADING ANSWERS ON DISCLOSURE STATEMENTS MAY RESULT IN THE DENIAL OR REVOCATION OF A LICENSE OR LOSS OF AUTHORIZATION TO ACT AS A LESSOR TO A LICENSEE OR PERMITTEE. IN ADDITION, ANY PERSON WHO MAKES FALSE OR MISLEADING STATEMENTS ON THIS FORM MAY BE SUBJECT TO CRIMINAL PROSECUTION.

Be especially careful not to leave out information in a way that might create an impression that you are trying to hide it. For example, a minor criminal conviction will probably not disqualify you or your company from being licensed -- but attempting to conceal the conviction may lead to a finding of untrustworthiness and result in disqualification. Omitting such information from this form, even unintentionally, may result in your trustworthiness being questioned. Even if the question is resolved in your favor, an application may be delayed while the inquiry goes forward.

If you are unsure of, or do not remember the answer to a question, indicate this in some way -- For example, by writing "Do Not Remember". This may result in additional inquiries from the Department or the Attorney General's Office, but it will avoid the implication that you are trying to conceal information. However, you should not answer "Do not remember", simply because the information may not be immediately at hand. You are expected to make reasonable efforts to check your records so that you can answer the questions completely.

SOCIAL SECURITY NUMBERS

Notice required under Section 7(b) of the
Federal Privacy Act of 1974

Under section 7(b) of the Privacy Act of 1974, 5 U.S.C. 552a(note), any government agency which requests an individual to disclose his Social Security account number must inform that individual whether the disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

The Department of Environmental Protection is authorized to request Social Security numbers by the section of the A-901 statute that defines the content of the Disclosure Statement, N.J.S.A 13:1E-127(e). The Social Security number is used as a secondary identifier by the New Jersey State Police when conducting background investigations of individuals listed on disclosure statements. It is used routinely to ensure correct identification when the State Police conduct checks of criminal history records maintained by the State and Federal governments. In specific investigations which may involve examination of particular records obtained from outside sources, the Social Security number may be used to determine whether the individual named in the records and the individual under investigation are the same or different persons.

The listing of Social Security numbers on the disclosure forms is voluntary. Under Section 7(a) of the Privacy Act, the Department cannot deny or revoke a license or impose any penalty because of an individual's refusal to disclose a Social Security number. However, the absence of a Social Security number as a secondary identifier may delay processing of and decisions on licensure because of the additional investigation time which may be necessary to confirm identifications without the Social Security number. In addition, there is the possibility that the absence of a Social Security number may result in the initial identification of an individual as having a criminal record which actually is that of another person. That, again, may result in a delay in the decision on licensure.

APPENDIX B DISQUALIFYING CRIMES

Pursuant to N.J.S.A. 13:1E-133(b) and N.J.A.C. 7:26-16.8(b), an applicant, permittee or licensee may be disqualified from holding a solid waste or hazardous waste license "if any person required to be listed in the disclosure statement or shown to have a beneficial interest in the business of the applicant, permittee, or the licensee" has been convicted of any of 22 categories of crimes listed in the statute.

The term "any person required to be listed in the disclosure statement" includes owners, stockholders, officers, directors, partners, key employees and holders of debt liability. The term "shown to have a beneficial interest" is meant to cover situations where an individual has an informal interest that may not show up on a disclosure statement-- such as a regular cash payment from company funds.

Disqualifying crimes are any of the following under New Jersey laws, or equivalent laws of any other jurisdiction.

1. Murder;
2. Kidnaping;
3. Gambling;
4. Robbery;
5. Bribery;
6. Extortion;
7. Criminal usury;
8. Arson;
9. Burglary;
10. Theft and related crimes;
11. Forgery and fraudulent practices;
12. Fraud in the offering, sale or purchase of securities;
13. Alteration of motor vehicle identification numbers;
14. Unlawful manufacture, purchase, use or transfer of firearms;
15. Unlawful possession or use of destructive devices or explosives;
16. Violation of N.J.S.A. 2C:35-5, except possession of 84 grams or less of marijuana, or of N.J.S.A. 2C:35-10;
17. Racketeering, N.J.S.A. 2C:41-1 et seq.
18. Violation of criminal provisions of the "New Jersey Antitrust Act," N.J.S.A 56:9-1 et seq.
19. Any purposeful, knowing, willful or reckless violation of the criminal provisions of any federal or state environmental protection laws, rules, or regulations, including but not limited to solid waste or hazardous waste management law, rules or regulations;
20. Violation of N.J.S.A. 2C:17-2;
21. Perjury, false swearing or any other offense set forth in Chapter 28 of the New Jersey Code of Criminal Justice, N.J.S.A. 2C:28-1 et seq.
22. Any violation of the Solid Waste Utility Control Act, N.J.S.A. 48:13A-1 et seq. or P.L. 1981, c. 221 (N.J.S.A. 48:13A-6.1).

NOTICE: These descriptions are for information purposes only. For official text you must consult the statute, N.J.S.A. 13:1E-126 et seq., and its implementing regulations at N.J.A.C. 7:26-16.1 et seq.

APPENDIX C REHABILITATION CRITERIA

N.J.S.A. 13:1E-133.1 provides for an exception to the disqualification that would otherwise result from a criminal conviction where the applicant, a licensee or individual demonstrates "by clear and convincing evidence" the convicted person's rehabilitation.

The Department is required to request a recommendation from the Attorney General, and to consider the following factors when weighing the issue of rehabilitation for convicted individuals:

1. The nature and responsibilities of the position which a convicted individual would hold;
2. The nature and seriousness of the crime;
3. The circumstances under which the crime was committed;
4. The date of the crime;
5. The age of the individual when the crime was committed;
6. Whether the crime was an isolated or repeated act;
7. Any evidence of good conduct in the community, counseling or psychiatric treatment received, acquisition of additional academic or vocational schooling, or the recommendation of persons who have supervised the convicted individual since the conviction;
8. The full criminal record of the convicted individual, any record of civil or regulatory violations or notices or any complaints alleging any such civil regulatory violations, or any other allegations of wrong doing.

SEVERANCE OF DISQUALIFYING INDIVIDUALS

As an alternative to demonstrating "rehabilitation", an applicant or licensee may be able to avoid disqualification by severing the interest or affiliation of the person who would otherwise cause disqualification. Under a regulation of the Department, N.J.A.C. 7:26-16.11, companies that choose this course must completely sever the individual's interest or affiliation, and file an affidavit attesting to the terms of the removal.

Applicants and licensees should be aware that severing a disqualifying individual will not necessarily guarantee a license, especially if the presence of the disqualified individual evidences unreliability in the company management.